

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL067023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ONSLOW HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 MCDANIEL DRIVE JACKSONVILLE, NC 28546</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>This is a Report of a Complaint Investigation conducted by Greg Cates and Billy Bryant on February 12, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 18, 1986 for One-Hundred Sixty (160) Beds. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Unrestrained.</p> <p>The Complaint alleges that the facility has a severe infestation of roaches in the kitchen.</p> <p>The Complaint is Substantiated.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observations the day of the survey, and interviews with the local Sanitarian, Administrator, and Maintenance Manager, the</p>	C 164		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL067023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ONSLOW HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 MCDANIEL DRIVE JACKSONVILLE, NC 28546</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 1  facility has failed to maintain a clean environment due to an infestation of insects in several areas of the facility.  Findings include: a- Ants and roaches have been observed in several rooms for several weeks. Although according to the Sanitarian, there has been a vast improvement regarding the presence of ants and roaches, there is still evidence of an infestation of both ants and roaches in many rooms. Many ant and roach carcasses were noted in several rooms; live ants and roaches were still observed and in at least two resident rooms; and an "ant highway" was observed leading to and from open containers of food in two rooms. Ants and/or roaches were observed in the following rooms, including but not limited to: 1- Resident Room 12 (Live ants) 2- Resident Room 14 (Live ants) 3- Resident Room 20 (Live roach) 4- Resident Room 38 (Ant highways) 5- Resident Room 80 (Ant highways) 6- Resident Vending Area (Ant and roach Carcasses) 7- Kitchen (live baby roach)	C 164		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL067023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ONSLOW HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 MCDANIEL DRIVE JACKSONVILLE, NC 28546</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations and interviews with the local Sanitarian, Administrator, and Maintenance Manager, the facility has failed to maintain the HVAC equipment in working condition resulting in no heat to several areas of the building.</p> <p>Findings include:</p> <p>a- The HVAC unit for the Central Rear Common Area has not worked in over 6 months.</p> <p>b- The HVAC unit for the Central Front Common Area has not worked in over 6 months.</p> <p>c- The HVAC unit for the Chapel has been having mechanical difficulties for over a month and has not worked in at least two days, leaving the ambient temperature in the Chapel at 60 degrees.</p> <p>2- Based on interviews with the local Sanitarian and the Maintenance Manager, the plumbing system is not being maintained in a safe and working condition due to a broken back-flow preventer.</p> <p>Findings include:</p> <p>a- The building back-flow preventer was "by-passed as a temporary measure over two years ago due to mechanical issues" and has not been repaired or replaced.</p>	C 189		